



Do they really need moving? The referral and transfer outcomes of patients with PIMS-TS

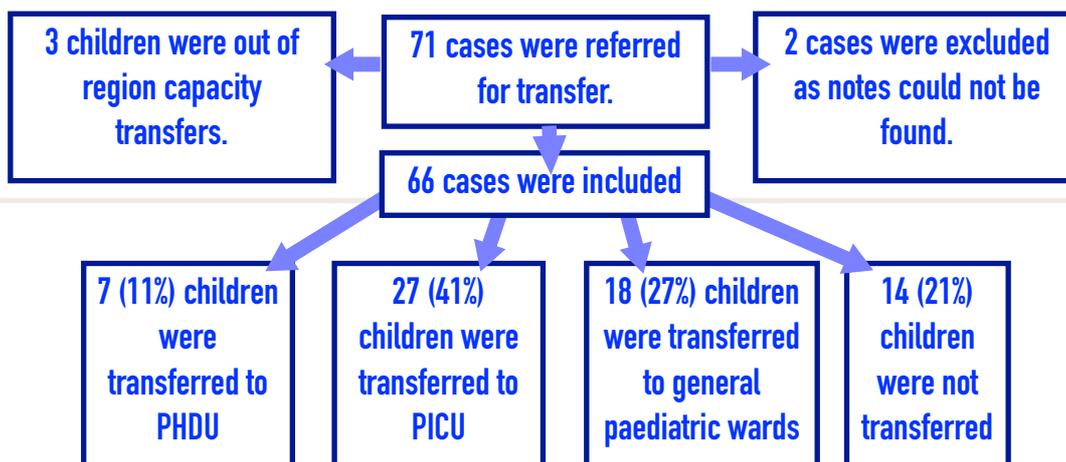
Initially most patients with Paediatric Inflammatory Multisystem Syndrome temporally associated with COVID-19 (PIMS-TS) were transferred to tertiary centres for MDT input.

It is now proposed that most patients can be managed in district general hospitals with remote MDT involvement^{1,2}. Staying closer to home is generally good for children and families but does early experience support this?



METHODS: Children with a provisional diagnosis of PIMS-TS referred to a regional transport service (Embrace) from 1/1/2021 and 31/12/2021 were identified from a transport database and their notes reviewed.

RESULTS



**THE MAIN REASON FOR PICU ADMISSION WAS HYPOTENSION.
INOTROPE USE VARIED WIDELY**

1

7 OF THE 27 (26%)
TRANSFERRED TO PICU
DID NOT REQUIRE
INOTROPES AND WERE
STEPPED DOWN
QUICKLY.

2

ONLY 4 OF THE 66 (6%)
REFERRALS ANALYSED
STAYED ON A CRITICAL
CARE UNIT FOR >3
DAYS.

3

ONLY 20 OF THE 66
(30%) REFERRALS
ANALYSED REQUIRED
PICU ADMISSION.



What can we learn from this?

Identification of cases that can be managed locally would alleviate pressure on regional transport units, as well as critical care and tertiary hospital capacity.

Our experience can help us with management of other new disease entities.

WHAT DO YOU THINK?

Were your regional experiences similar?

References

1. Freitas et al. An approach to the management of PIMS-TS in a district general hospital. Arch Dis Child Edu Pract Ed 2021;0:1-7.
2. Harwood R et al. A national consensus pathway for paediatric inflammatory multisystem syndrome temporally associated with COVID-19 (PIMS-TS): results of a national Delphi process. Lancet Child Adolesc Health 2021;5:133